

Announced Inspection Report: Independent Healthcare

Service: Luxe Skin by Doctor Q, Glasgow

Service Provider: Quvent Ltd

5 March 2020

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
<hr/>		
	Appendix 1 – Requirements and recommendations	16
	Appendix 2 – About our inspections	19
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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Luxe Skin by Doctor Q on Thursday 5 March 2020. We spoke with the owner (practitioner) during the inspection. We received feedback from seven patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Luxe Skin by Doctor Q, the following grades have been applied to three key quality indicators.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients were satisfied with the quality of care and treatment they received from the service. A more formal method of gathering patient feedback to help improve the service should be introduced. A duty of candour policy should be developed.	✓✓ Good
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Patients received care and treatment in a clean and well maintained environment. However, unused medicines should be discarded in line with national medicines legislation and guidance. An audit programme should be introduced to review the safe delivery and quality of the service.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. However, quality assurance processes and systems should be further developed to help evaluate and measure the quality, safety and effectiveness of the service delivered. This should include developing a quality improvement plan.	✓ Satisfactory

The following additional quality indicator was inspected during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Patients had a full assessment before they received treatment. Patient care records included clear and accurate information about treatment and aftercare arrangements. Consent to sharing information with patients' GPs and other healthcare professionals should be recorded.

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

What action we expect Quvent Ltd to take after our inspection

This inspection resulted in eight recommendations. See Appendix 1 for a full list of the recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

We would like to thank staff at Luxe Skin by Doctor Q for their assistance during the inspection.

2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Patients were satisfied with the quality of care and treatment they received from the service. A more formal method of gathering patient feedback to help improve the service should be introduced. A duty of candour policy should be developed.

The clinic environment promoted the privacy, dignity and confidentiality of its patients. Locks on doors and window screening in each treatment room ensured that patients' privacy was not compromised. An external dedicated reception service was used as the first point of contact for initial enquiries, consultations and appointment bookings.

The service's website provided information about the range and costs of treatments delivered in the service. This included information about what patients could expect to happen during a procedure. Patients also received verbal and written information from the practitioner about treatment options to take away with them before they agreed to treatment.

Feedback from patients who used the service was collected in several ways. For example, the call centre emailed patients after their appointment to seek their views and opinions about the service. Comments were then documented in their patient care record by the practitioner. We saw positive feedback from patients using this method when we reviewed patient care records during the inspection. These showed that patients were satisfied their treatment had met their expectations, while other patients said it had improved their self-confidence.

Patients were also encouraged to leave feedback on the service's website or on its social media pages. We read a number of positive website reviews from

patients. We saw the practitioner responded to any negative comments posted on social media and encouraged patients to contact them directly to discuss their concerns, either on the telephone or in person at the clinic.

Feedback from our survey showed that patients were very pleased with the service and spoke highly about the skills, knowledge and professionalism of the practitioner. They were all satisfied with the quality of advice and information they had received before treatment, were fully informed about the risks and benefits associated with each procedure and confirmed they were fully involved in decisions reached about their care.

Treatment options were discussed and agreed with patients at their initial consultation. Patients said they could take time to consider the options available to them before they agreed to go ahead with the treatment.

Other comments received from our survey included:

- 'Always satisfied with the advice and treatment I receive at the clinic.'
- 'The practitioner's conduct and knowledge was tremendous.'
- 'It was easy to make appointments and great aftercare.'

Although the service had not received any complaints since it was first registered with us in January 2018, its complaints policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint. Feedback from our survey showed that all patients knew they could complain to Healthcare Improvement Scotland.

What needs to improve

The service had not yet developed a duty of candour policy to show how it would meet its professional responsibilities to be honest with patients if things went wrong (recommendation a).

Although the service had a participation policy, and had collected feedback from patients, we saw no evidence of this being evaluated or used to make improvements to the service. A more formal method for collecting and evaluating patient feedback would help the service to identify any required improvements and measure the impact of these changes on the service (recommendation b).

- No requirements.

Recommendation a

- The service should develop and implement a duty of candour policy.

Recommendation b

- The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service.

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Patients received care and treatment in a clean and well maintained environment. However, unused medicines should be discarded in line with national medicines legislation and guidance. An audit programme should be introduced to review the safe delivery and quality of the service.

The general clinic environment and treatment rooms were clean and comfortably furnished, and equipment was fit for purpose. All patients who responded to our survey said they were extremely satisfied with the standard of cleanliness in the clinic.

The landlord was responsible for building maintenance including fire safety, the heating system and electrical testing. We saw that fire safety equipment, heating and electrical appliances were tested every year. The practitioner had also bought two additional fire extinguishers for the dedicated use of the service. The service was cleaned every week by private contractors as part of the lease agreement with the landlord. We saw the service had up-to-date public liability and medical malpractice insurance cover.

The service followed Health Protection Scotland's national guidance to reduce infection risks for patients, in line with its infection control policy. Personal protective equipment, such as disposable gloves, and medical devices including needles and syringes, were single use to reduce the risk of cross-infection. Antibacterial hand wash and disposable hand towels were used to promote good hand hygiene. The service had a contract in place for the safe disposal of sharps and other clinical waste.

The practitioner was solely responsible for the safe procurement, prescribing, storage and administration of medicines. The medical fridge had a built-in

thermometer and the practitioner kept a daily temperature log to make sure medicines that needed to be refrigerated were stored at a safe temperature. Other non-refrigerated medicines such as dermal fillers were stored in a medicine drawer in one of the treatment rooms. We saw that medicines to be used by individual patients were correctly labelled. Emergency medicines were available in the treatment room to respond to any complications or adverse reactions to treatment, such as adrenaline. Patients could contact the practitioner out of hours if they had any concerns following their treatment.

A system was in place for documenting accidents and incidents, and for reporting notifiable incidents or adverse events to the relevant regulatory authorities. No accidents, incidents or adverse events had occurred in the service since it was registered with Healthcare Improvement Scotland. Patients told us they trusted the practitioner and were confident they had the skills and knowledge to deliver high quality care.

What needs to improve

During the inspection, we found the remainder of a medicine used to treat a patient the day before was still stored in the fridge. To comply with medicines legislation, national guidance and best practice, once opened, this medicine must be used immediately and the unused contents safely discarded (recommendation c).

Outwith monitoring fridge temperatures, we saw limited evidence of audits taking place to review the safe delivery and quality of the service. An audit programme would help the service demonstrate how improvements are being identified and implemented. For example, audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment (recommendation d).

Although the practitioner was aware of the procedures for reporting concerns about patients who may be at risk of harm or abuse, the service did not have an adult support and protection policy. This should set out how any concerns about the safety of a patient would be escalated (recommendation e).

A maintenance contract was not yet in place for the service's additional fire extinguishers. We will follow this up at a future inspection.

Although the treatment room where medicines were stored was locked when not in use, locks for the medical fridge and the medicine drawer could be considered.

- No requirements.

Recommendation c

- The service should adhere to national guidance for the disposal and handling of medicine following administration of medicines to patients.

Recommendation d

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Recommendation e

- The service should develop and implement an adult support and protection policy.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a full assessment before they received treatment. Patient care records included clear and accurate information about treatment and aftercare arrangements. Consent to sharing information with patients' GPs and other healthcare professionals should be recorded.

The practitioner carried out a full assessment of patients' past medical history before they received any treatment. This included gathering information about any pre-existing medical conditions, prescribed medicines and allergies.

The service used an electronic record management system to store all patient information in individual patient care records. Access to this information was password protected to comply with data protection legislation.

We reviewed five patient care records and saw that outcomes from patients' initial consultation and their proposed treatment plan were documented. This included a discussion with each patient to establish and achieve realistic expectations and agree the most suitable options available to them. Patients told us they received good advice and information before, during and after their treatment.

We saw that consent to treatment and taking photographs was discussed and documented in each of the patient care records we reviewed. A record of the

treatment delivered, aftercare arrangements and future follow-up appointments was clearly recorded.

What needs to improve

In the patient care records we reviewed, we saw a record of the patient's GP and contact details. However, patients were not asked for their consent to share their information with the GP or other healthcare professionals, for example in an emergency situation (recommendation f).

- No requirements.

Recommendation f

- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients' care records.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. However, quality assurance processes and systems should be further developed to help evaluate and measure the quality, safety and effectiveness of the service delivered. This should include developing a quality improvement plan.

The service is owned and managed by a medical practitioner registered with the General Medical Council (GMC) as a GP. The practitioner engaged in regular continuing professional development. This is managed through the GMC registration and revalidation process. Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body, such as the GMC, every 5 years. We noted they also attended regular training and conferences in the aesthetic industry to keep up to date with best practice and deliver treatments in line with evidenced-based research.

The service had developed a quality management policy to guide and direct continuous quality improvement activities in the service. This described how the service was committed to continuous quality improvement and had set up a framework for measuring and improving the quality of the service. This included gathering and monitoring patient feedback, and monitoring and responding to complaints to make sure patients were fully satisfied with the service provided.

The practitioner was developing a survey questionnaire to gather more structured feedback from patients about their experiences of the service. This would be used to inform service improvement. We noted this was in the early stages of development.

What needs to improve

We saw limited evidence of quality assurance systems for reviewing the quality of care and treatment provided in the service. Regular reviews of patient feedback and outcomes from audits would help to ensure the quality of the service delivered continues to meet the needs of patients. A quality improvement plan would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would enable the service to clearly demonstrate a culture of continuous quality improvement, in line with its quality management policy (recommendation g).

We saw limited evidence of a system to review or update policies when legislation changed. For example, the record keeping policy did not reference the updated general data protection regulation (recommendation h).

- No requirements.

Recommendation g

- The service should develop and implement a quality improvement plan.

Recommendation h

- The service should introduce a system for reviewing its policies and procedures on a regular basis or when changes occur to ensure they are in line with current legislation and reflect the service provided.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
a	The service should develop and implement a duty of candour policy (see page 9). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4
b	The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service (see page 9). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
c	<p>The service should adhere to national guidance for the disposal and handling of medicine following administration of medicines to patients (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
d	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
e	<p>The service should develop and implement an adult support and protection policy (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.21</p>
f	<p>The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients' care records (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
g	<p>The service should develop and implement a quality improvement plan (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
h	<p>The service should introduce a system for reviewing its policies and procedures on a regular basis or when changes occur to ensure they are in line with current legislation and reflect the service provided (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.ihcregulation@nhs.net

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